



DEPARTMENT OF MENTAL HEALTH
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March 21, 2019

TO: Supervisor Janice Hahn, Chair
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FROM: Jonathan E. Sherin, M.D., Ph.D. *JS (for Mr. Sherin)*
Director

SUBJECT: REPORT RESPONSE ON EXPANDING AND IMPROVING INTERIM HOUSING FOR PEOPLE WHO LIVE WITH SERIOUS MENTAL ILLNESS (ITEM 17, AGENDA OF DECEMBER 18, 2018)

On December 18, 2018, your Board directed the Chief Executive Officer (CEO) and the Department of Mental Health (DMH), in consultation with the Department of Health Services (DHS), and the Los Angeles Homeless Services Authority (LAHSA) to report back to the Board with recommendations on multiple directives. This report addresses the directives:

1. A recommendation for increasing mental health funding incrementally and significantly for the DMH's-Interim Housing Program (IHP) in future fiscal years;
2. An assessment completed by the DHS and the LAHA by Service Planning Area (SPA) of the need for enhanced mental health clinical services at existing interim housing sites; and
3. A recommendation for increasing mental health funding for additional DMH Homeless Services Team (HST) staffing to provide enhanced mental health clinical services at existing interim housing sites based on the above assessment.

Background

DMH recognizes the importance of investing in interim housing for individuals with mental illness and their families that are experiencing homelessness. Providing interim housing

to this population is a crucial resource for homeless outreach teams and usually leads to greater stability, increased follow through with mental health services, and greater ease in locating clients for smooth transitions into permanent housing. For this reason and in alignment with Measure H, DMH significantly increased its overall investment in the DMH-IHP in Fiscal Year 2017-18 from approximately \$2 million to \$13.8 million. Currently, DMH has allocated approximately \$11.8 million per fiscal year for 406 interim housing beds for individuals and 79 interim housing units for families in the countywide interim housing inventory. With the remaining \$2 million, DMH continues to identify opportunities to purchase more interim housing beds, particularly in areas where DMH has few or no DMH-IHP beds, and is currently working with two interim housing providers to add 35 more beds.

As the countywide inventory of interim housing expands and is targeted toward the County's most vulnerable individuals and families that are homeless, interim housing programs will experience a higher proportion of participants who are experiencing serious mental illness and may not be linked to mental health services. Combined, DHS and LAHSA have approximately 5,270 beds/units of interim housing. This includes individuals and families that are living in motels due to a lack of other interim housing resources. Despite the need for increased services at interim housing sites, most interim housing facilities do not have the resources to hire onsite clinical staff that can fill the unmet need for mental health services.

Increasing Mental Health Funding Incrementally and Significantly for DMH's Interim Housing Program in Future Fiscal Years

DMH is committed to the continued expansion of DMH-IHP. DMH is working with DHS to track the status of the projects included in the Interim Housing Capital Funding Pool letter approved by the Board on December 18, 2018. Most of the projects identified are very early in the process and will not become operational until future fiscal years. As the projects progress, DMH will work with DHS and the CEO to identify opportunities to provide operating funds to specific projects by purchasing beds at the sites, helping to fill funding gaps.

Assessment of Enhanced Mental Health Clinical Service Needs at Existing Interim Housing Sites

DMH worked with DHS and LAHSA to assess the need for enhanced mental health clinical services at existing interim housing sites, by first doing an assessment of the number of interim housing beds/units in each SPA (see attached). DHS currently has approximately 1,900 stabilization and recuperative care beds, while LAHSA has approximately 3,370 interim housing beds including motel rooms being used as interim housing for families (this does not include winter shelter beds). According to the 2018 homeless count, approximately 27% of the homeless population has a serious mental

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illness. At a minimum, 1,420 individuals may need mental health services. However, the need may be greater because in the LAHSA jurisdiction (85 cities plus the unincorporated areas), 70% of the chronic homeless population has a mental illness. Furthermore, most, if not all, individuals and families who are homeless are experiencing the trauma related to being homeless and could benefit from mental health services.

Recommended Increases in Mental Health Homeless Services Team Staffing to Provide Enhanced Mental Health Clinical Services at Existing Interim Housing Sites

Given the significant number of individuals and families that are living in interim housing that could potentially benefit from mental health services, DMH recommends an expansion of each of the Service Area based HSTs that is proportional to the number of DHS and LAHSA funded interim housing beds in each Service Area. DMH proposes to allocate \$4.5 million starting in Fiscal Year 2019-20 and ongoing for a proposed initial expansion of 35 staff countywide including Mental Health Clinicians, Medical Caseworkers, and Nurse Practitioners. These staff will be part of the Service Area based HSTs and will be dedicated to providing services to individuals and families living in interim housing. Although DMH has provided services in LAHSA's winter shelters for several years, the number of full-time staff actually needed to meet the demand for services is unclear. As mentioned earlier, it is estimated that 1,420 individuals in DHS and LAHSA interim housing beds will potentially need mental health services. Therefore, 30 new staff (not including the Nurse Practitioners who will assess and prescribe medication, as appropriate to those served by the rest of the team) will allow for a ratio of about 1:50 staff to individuals/families in interim housing with a mental illness. DMH will work with DHS and LAHSA and other community partners to determine how to prioritize the work of the teams and to continue to assess the need for services and make adjustments as needed.

If you need additional information, please contact Dr. Curley Bonds, Chief Deputy Director, Clinical Operations, at (213) 738-4108 or cbonds@dmh.lacounty.gov.

JES:CB:MF

Attachment

c: Executive Office, Board of Supervisors
Chief Executive Office
Department of Health Services
Los Angeles Homeless Services Authority

**Assessment of the Need for Enhanced Mental Health Clinical Services for Individuals and their Families Living in the Department of Health Services (DHS) and Los Angeles Homeless Services Authority (LAHSA) Interim Housing Beds
As of February 2019**

| Service Planning Area (SPA) | Program | Total Number of Beds/Units, Including Families in Motels | Total Estimated Number of Beds Occupied by Individuals with Mental Illness (based on 27% of total population) |
|------------------------------------|----------------|---|--|
| 1 | LAHSA | 80 | 22 |
| Subtotal SPA 1 | | 80 | 22 |
| 2 | DHS | 116 | 31 |
| | LAHSA | 543 | 147 |
| Subtotal SPA 2 | | 659 | 178 |
| 3 | DHS | 109 | 29 |
| | LAHSA | 228 | 62 |
| Subtotal SPA 3 | | 337 | 91 |
| 4 | DHS | 618 | 167 |
| | LAHSA | 622 | 168 |
| Subtotal SPA 4 | | 1240 | 335 |
| 5 | DHS | 45 | 12 |
| | LAHSA | 130 | 35 |
| Subtotal SPA 5 | | 175 | 47 |
| 6 | DHS | 811 | 219 |
| | LAHSA | 1422 | 384 |
| Subtotal SPA 6 | | 2233 | 603 |
| 7 | DHS | 80 | 22 |
| | LAHSA | 140 | 38 |
| Subtotal SPA 7 | | 220 | 59 |
| 8 | DHS | 113 | 31 |
| | LAHSA | 205 | 55 |
| Subtotal SPA 8 | | 318 | 86 |
| DHS Beds Total | | 1892 | 511 |
| LAHSA Beds Total | | 3370 | 910 |
| Total Beds | | 5262 | 1421 |